

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027709

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 293

FILED JUL 29 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b. 1 week	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary Hospital		d. STREET ADDRESS (If outside, give location) Morrison	
3. NAME OF DECEASED (Type or print) Edward Hubert Mertens		4. DATE OF DEATH Month July Day 20 Year 1963	
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/17/93
10a. USUAL OCCUPATION (Give kind of work done since last of working life, even if retired) Retired Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Post Office	
11. BIRTHPLACE (City and state or country) Cole Camp Mo.		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Henry J. Mertens		13b. MOTHER'S MAIDEN NAME Ann Meuser	
14. NAME OF HUSBAND OR WIFE Gasena Boss Mertens		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, No or unknown) (If yes, give war or date) No	
16. SOCIAL SECURITY NO. 76		17. INFORMANT Mrs Gasena Mertens Morrison, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of the myocardium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary artery thrombosis DUE TO (b) A.S.H.D. DUE TO (c) A.S.H.D. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 wks
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Morrison	
20g. COUNTY Gasconade		20h. STATE Mo.	
21. I attended the deceased from 10-2-59 to 7-20-63 and last saw him alive on 7-20-63 Death occurred at 8 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John D. Humber MD		22b. ADDRESS 302 Balivar Jefferson City	
22c. DATE SIGNED 7-24-63		22d. LOCATION (City, town, or county) Morrison, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 23, 1963	
23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery		23d. LOCATION (City, town, or county) Morrison, Missouri	
24. FUNERAL DIRECTOR Herman Blumer, Inc Hermann, Mo.		25. DATE RECD. BY LOCAL REG. 25 July 1963	
26. REGISTRAR'S SIGNATURE Thermon E. Richter		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 6 - 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oswald L. Groner

Licensed Embalmer No. 15187

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.